REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

Application No.	10/773,487		
Filing Date	February 6, 2004		
First Named Inventor	Shehzad T. Merchant		
Group Art Unit	2155		
Examiner Name	David Y. Eng		
Attorney Docket Number	2717P178		

I hereby revoke all previous powers of attorney given in the above-identified application:					
A Power of Attorney is submitted herewith.					
OR					
⊠ I hereby ap	I hereby appoint the practitioners associated with Customer Number: 45220				
Please change the correspondence address for the above-identified application to:					
$oxed{\boxtimes}$ The address associated with $oxed{08791}$					
Customer Number:					
OR					
☐ Firm <i>or</i> Individual Nar	me				
Address				4	
Address					
City		State	Zij	p Code	
Country	Telep	hone	F	ax	
I am the:					
Applicant.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name	Diane Horidal- Extreme Networks VP, General Counsel & Secretary				
Signature	MAGEST STATE OF THE STATE OF TH				
Date	4.8.10.				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of forms are submitted.					